

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Washington, Lafonza E.			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO) 7010 Cranwood Drive			E DEPOSITOR ACCOUNT NUMBER 7 2 1 3 5 7 6 8 9 _____
CITY Flint	STATE MI	ZIP CODE 48505	F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other Transfer (specify)
TELEPHONE NUMBER 922-0308 AREA CODE 810			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE N/A AMOUNT N/A
B NAME OF PERSON(S) ENTITLED TO PAYMENT Lafonza Earl Washington			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
C CLAIM OR PAYROLL ID NUMBER 257; 264; 288; and 297 Prefix Suffix			SIGNATURE DATE SIGNATURE DATE _____ SIGNATURE DATE SIGNATURE DATE
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Department of Treasury Financial Management Service Att'n: Kevin McIntyre	GOVERNMENT AGENCY ADDRESS 3700 East-West Highway Hyattsville, MD 20782
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION JPMorgan Chase Bank, N.A. Plaza One 1000 19th Street, N.W. OCT 09 2006	ROUTING NUMBER 0 7 2 0 0 0 3 2 6 CHECK DIGIT 6
DEPOSITOR ACCOUNT TITLE	

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME JahsAyana McCray	SIGNATURE OF REPRESENTATIVE McCray	TELEPHONE NUMBER 810-237-3880	DATE 10-6-06

Financial Institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PAYEE COPY

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A NAME OF PAYEE (last, first, middle initial) Washington, Lafonza E.		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) 7010 Cranwood Drive		E DEPOSITOR ACCOUNT NUMBER 7 2 1 3 5 7 6 8 9 _____	
CITY Flint	STATE MI	ZIP CODE 48505	F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other Transfer <small>(specify)</small>
TELEPHONE NUMBER 922-0308 AREA CODE 810		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE N/A AMOUNT N/A	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Lafonza Earl Washington		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Department of Treasury Financial Management Service Att'n: Kevin McIntyre	GOVERNMENT AGENCY ADDRESS 3700 East-West Highway Hyattsville, MD 20782
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION JPMorgan Chase Bank, N.A. OCT 09 2006 Plaza One Flint, MI	ROUTING NUMBER 0 7 2 0 0 0 3 2 6 DEPOSITOR ACCOUNT TITLE	CHECK DIGIT
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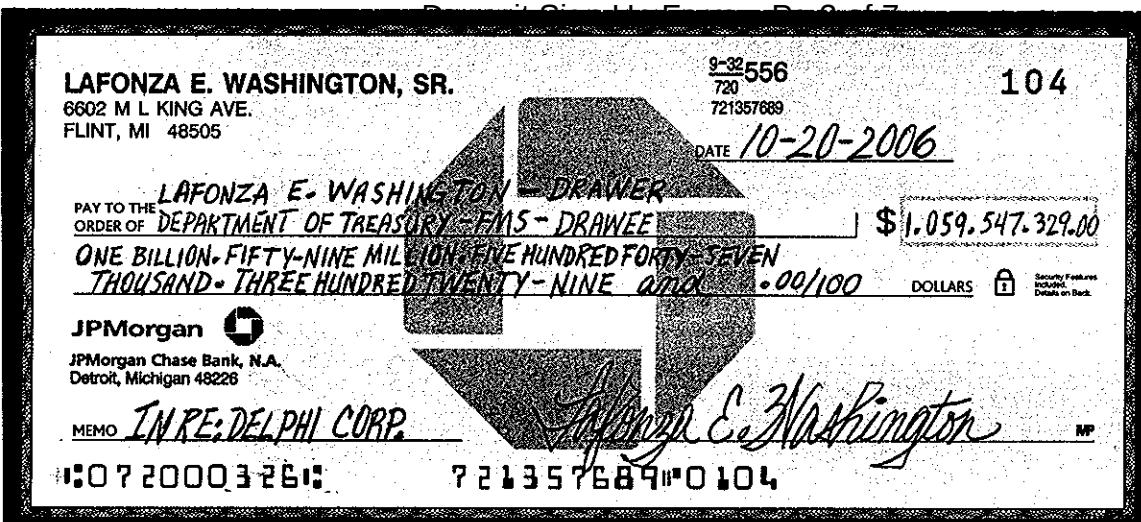
FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME Satisfyana Uccray	SIGNATURE OF REPRESENTATIVE P. McCray	TELEPHONE NUMBER 810-237-3882	DATE 10-4-06
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Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.





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TITLE 31 > SUBTITLE III > CHAPTER 33 > SUBCHAPTER II > § 3333

§ 3333. Relief for payments made without negligence

[How Current is This?](#)

(a)

- (1) The Secretary of the Treasury is not liable for a payment made by the Secretary or depositary in due course and without negligence, of a—
 - (A) check, draft, or warrant drawn on the Treasury or the depositary; and
 - (B) debt obligation guaranteed or assumed by the United States Government.
- (2) The Comptroller General shall credit the accounts of the Treasury or the depositary for the payment.

(b) This section does not relieve another individual from civil or criminal liability for a check, draft, warrant, or debt obligation of the Government.

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[TITLE 31 > SUBTITLE III > CHAPTER 33 > SUBCHAPTER II > § 3335](#)

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§ 3335. Timely disbursement of Federal funds

How Current is This?

- (a) Each head of an executive agency (other than the Tennessee Valley Authority) shall, under such regulations as the Secretary of the Treasury shall prescribe, provide for the timely disbursement of Federal funds through cash, checks, electronic funds transfer, or any other means identified by the Secretary.
- (b) The Secretary may collect from any executive agency which does not comply with subsection (a) a charge in an amount the Secretary determines to be the cost to the general fund of the Treasury caused by such noncompliance.
- (c) The amounts of charges collected from an executive agency under this section shall be deposited in the Treasury and credited as miscellaneous receipts.
- (d) Any charge assessed by the Secretary under this section, to the maximum extent practicable—
 - (1) shall be paid out of appropriations available for executive agency operations; and
 - (2) shall not be paid from amounts available for funding programs of an executive agency.

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[TITLE 31 > SUBTITLE III > CHAPTER 37 > SUBCHAPTER III > § 3727](#)

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§ 3727. Assignments of claims

How Current is This?

(a) In this section, "assignment" means—

(1) a transfer or assignment of any part of a claim against the United States Government or of an interest in the claim; or

(2) the authorization to receive payment for any part of the claim.



(b) An assignment may be made only after a claim is allowed, the amount of the claim is decided, and a warrant for payment of the claim has been issued. The assignment shall specify the warrant, must be made freely, and must be attested to by 2 witnesses. The person making the assignment shall acknowledge it before an official who may acknowledge a deed, and the official shall certify the assignment. The certificate shall state that the official completely explained the assignment when it was acknowledged. An assignment under this subsection is valid for any purpose.

(c) Subsection (b) of this section does not apply to an assignment to a financing institution of money due or to become due under a contract providing for payments totaling at least \$1,000 when—

(1) the contract does not forbid an assignment;

(2) unless the contract expressly provides otherwise, the assignment—

(A) is for the entire amount not already paid;

(B) is made to only one party, except that it may be made to a party as agent or trustee for more than one party participating in the financing; and

(C) may not be reassigned; and

(3) the assignee files a written notice of the assignment and a copy of the assignment with the contracting official or the head of the agency, the surety on a bond on the contract, and any disbursing official for the contract.

(d) During a war or national emergency proclaimed by the President or declared by law and ended by proclamation or law, a contract with the Department of Defense, the General Services Administration, the Department of Energy (when carrying out duties and powers formerly carried out by the Atomic Energy Commission), or other agency the President designates may provide, or may be changed without consideration to provide, that a future payment under the contract to an assignee is not subject to reduction or setoff. A payment subsequently due under the contract (even after the war or emergency is ended) shall be paid to the assignee without a reduction or setoff for liability of the assignor—

(1) to the Government independent of the contract; or

(2) because of renegotiation, fine, penalty (except an amount that may be collected or withheld under, or because the assignor does not comply with, the contract), taxes, social security contributions, or withholding or failing to withhold taxes or social security contributions, arising from, or independent of, the contract.

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(1) An assignee under this section does not have to make restitution of, refund, or repay the amount received because of the ~~liability of the assignor~~ to the Government that arises from or is independent of the contract.

(2) The Government may not collect or reclaim money paid to a person receiving an amount under an assignment or allotment of pay or ~~allowances authorized by law~~ when liability may exist because of the death of the person making the assignment or allotment.

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